.00

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

Il Client Information

Name: New York Health Plan Association

Permanent Business Address: 90 State Street, Suite 825

COMPLETE ALL SECTIONS before submitting or form will be returned.

| Reporting | Information | | |
|-----------------------|------------------|---------------|-------|
| Year: 2012 | | | |
| Fill in circle if ame | endment ⊗ | | |
| Report Period: | O January/June | | |
| Type of Lobbying: | ⊗ Nonprocurement | O Procurement | OBoth |
| Client Filing Fee Ch | neck Number: | | |

| FOR OFFICE USE ONLY |
|-----------------------------|
| Cjm (amendment) |
| amended: includes Sof Finfo |
| RECEIVED APR 1 1 2013 |
| - SE-0836 |
| HAND DELIVERED |
| |

| c | ity: Albany | | | State: | :NY | | ZIP code: 1220 |
|------------------------------|---|---|-------------|--------------------------------|-------|--|--|
| Business Phone: 518-462-2293 | | | | Fax Number: 518-462-2150 | | | |
| Th | ird Party Benefician | y (see instructions): none | | | | | |
| | | | | | | | |
| Щ | Lobbyist(s) In | formation & Con | ηpe | ensation (Curre | ent | Period Only) | |
| th | ny individual or organ reshold was exceede | ization that has lobbied of dby that individual or or | on b gan | ehalf of the client muization. | ust k | be reported below, re | gardless of whether the |
| A | Type of Lobbyist: | O Retained | 0 | Employed | 0 | Designated | |
| | Level of Gov't: | O State Lobbying | 0 | Local Lobbying | 0 | Both | |
| | Name: | | | | | Phone Number: | |
| | Address: | | | | | | |
| | City: | | | | | State: | ZIP code: |
| | Compensation for | r current period: \$ | | .00 | | | |
| В | Type of Lobbyist: | O Retained | 0 | Employed | 0 | Designated | |
| | Level of Gov't: | O State Lobbying | 0 | Local Lobbying | 0 | Both | |
| | Name: | | | | | Phone Number: | |
| | Address: | * | | | | | N v |
| | City: | | | | | State: | ZIP code: |
| | Compensation for | r current period: \$ | | .00 | | | The second secon |
| С | Type of Lobbyist: | O Retained | 0 | Employed | 0 | Designated | |
| | Level of Gov't: | O State Lobbying | 0 | Local Lobbying | 0 | Both | |
| | Name: | | | | | Phone Number: | |
| | Address: | | | | | The region of the Control of the Con | |
| | City: | | | | | State: | ZIP code: |
| | Compensation for | current period: \$ | | .00 | | · | 2.1 3040. |
| 0 | Continued on attach | ed pages | | | | = 1 | |

D TOTAL COMPENSATION of ALL lobbyists for current period..........(A+B+C+addendum sheets): \$

| IV Other Expenses (Current Sem | IE/AMMUOIRE | nod Only) | | 是一个人的一个人的人的一个人的人的 |
|--|--|------------------------------------|-----------------|---|
| A Report in the aggregate all expenses less th | nan or equal to \$ | 75: | \$ | .00 |
| B Report in the aggregate all expenses for sal | laries of non-lobb | ying employee: | s: \$ | .00 |
| C Itemize each expense exceeding \$75: | | | | |
| PAID TO: | DA | TE: / | / | O Ad O Social Event |
| PURPOSE: | AM | OUNT: \$ | .00 | O *Addendum attached |
| O PROCUREMENT O NONPROCUREME | NT | | | |
| PAID TO: | DA | TE: / | / | O Ad O Social Event |
| PURPOSE: | AM | OUNT: \$ | .00 | O *Addendum attached |
| O PROCUREMENT O NONPROCUREME | ENT | | | |
| O Continued on attached pages | | L.I. N | | |
| If any expense listed above exceeds expense, dollar amount attributable t | \$75 for an indivi | dual, you must | attach the ac | ddendum page listing the |
| D Total expenses for current period: \$ | THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL | | | enses from attached pages in total) |
| lanasaconiu | NAME OF THE PROPERTY OF THE PR | | | |
| V Source of Funding Disclosure | | | | |
| Instructions: In the event only one person or event multiple persons or entitle | entity is listed as es have been ag | the Single Sour gregated as a S | ce for a Contri | bution(s), use Section A. In the or a Contribution(s), use Section B. |
| A Below, list all Contributions rece received. If more than five Con | ived from the Sin | ale Source Inc | lude the date | and the amount of the Contribution |
| Addendum for the additional Co | ontributions. | e single source | mave been le | ceived, use section v(c) of the |
| Contribution(s) from Single Source #1 | | | | |
| Single Source Entity's Name: actual | _ | | | |
| Single Source Person's Last Name: | | | Name: | |
| Address: 100 Park Avenue | 12NFL | oor | 5 m | |
| City: NEW YORK | | State | : NM | ZIP code: 10017 |
| Phone: 712-457-0457 | | | | |
| Date Contribution Received: 03/12 | /12 | Amount of C | Contribution: | \$ 30,419.00 |
| Date Contribution Received: / | / | Amount of C | Contribution: | |
| Date Contribution Received: / | / | Amount of C | Contribution: | \$.00 |
| Date Contribution Received: / | / | Amount of C | Contribution: | \$.00 |
| Date Contribution Received: / | / | Amount of C | Contribution: | \$.00 |
| Check here if using section V(C) of the Addendu | ım for additional | Contributions: | - | 0 |
| Contribution(s) Single Source #2 | | | | |
| Single Source Entity's Name: AFFINITY | 1 HEALT | + PLAN | | |
| Single Source Person's Last Name: | | First N | lame: | |
| Address: 2500 HALSEY ST | | | | |
| City: Browx | | State | : DY | ZIP code: 10461 |
| Phone: 718-794-7691 | | | , | 701 |
| Date Contribution Received: 02/09 | 112 | Amount of C | ontribution: | \$ 7887.00 |
| Date Contribution Received: / | / | Amount of C | ontribution: | |
| Date Contribution Received: / | / | Amount of C | ontribution: | \$.00 |
| Date Contribution Received: / | 1 | Amount of C | ontribution: | \$.00 |
| Date Contribution Received: / | / | Amount of C | ontribution: | \$.00 |
| Check here if using section V(C) of the Addendu | | | | 0 |
| Check here if there are Contribution(s) from Sing Addendum to list all such Contributions: | le Source(s) othe | r than those list | ed above. Use | Section V(A) of the |

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

| V Source of Funding Disc | closur | 9 | | |
|---|-----------|-------------|---|-------------------------------|
| A Below, list all Contrib received. | utions re | ceived from | the Single Source. Include the date and t | he amount of the Contribution |
| Contributions from Single Source | #3 | | | |
| Single Source Entity's Name: A | NERI | CROUP | | |
| or Single Source Person's Last Name | | | First Name: | |
| Address: 360 WEST 31 | | - 5TH | | |
| City: NEW YORK | Ξ. | , | State: NY | ZIP code: /0011 |
| Phone: 212-372-690 | 2 | | 70 (| 75071 |
| Date Contribution Received: | | 0/12 | Amount of Contribution: \$ | 8340.00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | 1 | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of the | ne Addei | ndum for ad | ditional Contributions: | 0 |
| Contributions from Single Source | # _4_ | | | × |
| Single Source Entity's Name: CA | PITA | L DISTA | CICT PHYSICIANS' HEALT | + PLAN |
| or Single Source Person's Last Name | : | | First Name: | |
| Address: 500 PATROON | CR | BEK B | | |
| City: ALBANY | | | State: M | IIP code: /220% |
| Phone: 578 -641-555 | 0 | | | |
| Date Contribution Received: σ | 3 12 | 3/12 | Amount of Contribution: \$ | 22,229.00 |
| Date Contribution Received: | / | 1 | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of the | e Adder | dum for add | ditional Contributions: | 0 |
| Contributions from Single Source | #_5 | | | |
| Single Source Entity's Name: 🕞 | DER | PLAN | | |
| or Single Source Person's Last Name | *); | | First Name: | |
| Address: 63 Z3 7 Th Av | | | riisi Name. | |
| City: BROOKLYN | | | State: M | ZIP code: //zz |
| Phone: 718-921-8064 | | | orano. P | Zii code. ji CCO |
| Date Contribution Received: | 2101 | 6/17 | Amount of Contribution: \$ | 11,535.00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of the | e Adden | dum for add | itional Contributions: | 0 |

Check here if using section V(C) of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

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| w | 100000000000000000000000000000000000000 | 17 P. 192 - 178 | Appropriate Property of | III A TV SP-S | 7-7-3317 |
| A' A | Source | 別の「網」頭の | 1.2.3.4.0.4.4.4.1.0.1 | 間のすりばの日 | Tay In I I I I |
| Section 2 | · 在1980年的日本中的一个 | REPORTED BY CHARLES | Kirkelin Estation States L | S. Permitte and Street | TALMED BY SERVICE STATES |

| V Source of Funding Disclos | UIG | 201 SART 15 4 445 STAN 4 400 PROTES 1 200 SART 15 1 200 SA | A CLEAN CHARGE WILL THE |
|---|---|--|--------------------------------|
| A Below, list all Contribution received. | s received from the Sin | igle Source. Include the date and | the amount of the Contribution |
| Contributions from Single Source # (| | | |
| Single Source Entity's Name: Emal | | Services | |
| or Single Source Person's Last Name: | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Address: 55 WATER ST | _ | First Name: | |
| City: New York | | State: M | 7IP codo: 111 |
| Phone: 202-289-6507 | | state. P | ZIP code: 10041 |
| Date Contribution Received: 02 | 101 /12 | Amount of Contribution: \$ | 50,816.00 |
| Date Contribution Received: | 1 | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | , | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | , | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of the Ac | ddendum for addiliona | 7 | 0 |
| Contributions from Single Source # | | | |
| Single Source Entity's Name: | | | |
| or | US CARCE | 3 | |
| Single Source Person's Last Name: Address: 95.25 QUEENS | BLUD | First Name: | |
| City: RETO PARK | | C1-1-1 71 | 710 1127 (|
| Phone: 718-896-1017 | | State: NY | ZIP code: 11374 |
| Date Contribution Received: | 01 112 | Amount of Contribution: \$ | 12,539.00 |
| Date Contribution Received: // | ′ ′ | Amount of Contribution: \$ | .00 |
| Date Contribution Received: // | , | Amount of Contribution: \$ | .00 |
| Date Contribution Received: // | , , | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / | , , | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of the Ad | | | |
| Contributions from Single Source # 8 | | | |
| Single Source Entity's Name: Here | THEIRST | | |
| or | | | |
| Single Source Person's Last Name: | - 12.74 F 20 | First Name: | |
| Address: 100 CHURCH ST |) 7 F 2001 | | |
| City: NEW YORK | | State: NY | ZIP code:/0007 |
| Phone: 212-801-1500 | ~~ | | 1 |
| Date Contribution Received: | 09/12 | Amount of Contribution: \$ | 10,475.00 |
| Date Contribution Received: / | 1 | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / | l l | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / | / | Amount of Contribution: \$ | .00 |
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| V Source of Funding Disc | closure | | | |
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| A Below, list all Contrib received. | outions rec | eived from the | e Single Source. Include the date and t | he amount of the Contribution |
| Contributions from Single Source | # 9 | | | |
| Single Source Entity's Name: H | EALT | + Naw | | 2 * |
| or Single Source Person's Last Name | e: | | First Name: | |
| Address: 257 WEST GE | | E ST | | |
| City: BUFFALD | | | State: NY | IIP code: 14202 |
| Phone: 716-887-86 | 91 | | , (| |
| Date Contribution Received: | | 7/12 | Amount of Contribution: \$ | 27,364.00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of t | he Adder | dum for addit | ional Contributions: | 0 |
| Contributions from Single Source | # 10 | | en e | |
| Single Source Entity's Name: | | USA TU | (P. a.) | |
| or | _ |) Here | | |
| Single Source Person's Last Name | | ~ · · · · | First Name: | |
| Address: 303 So. BR8 | MIN | my suit | | 710 |
| City: TARRYTOWN | | | State: P9 | IIP code: 1059/ |
| Phone: 914-372-2211 | | 2 //2 | Assessed at Combine time of | -1 1 00 |
| Date Contribution Received: | 0210 | 3 // 2 | Amount of Contribution: \$ | |
| | , | , | | 5,464.00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ Amount of Contribution: \$ | .00 |
| Date Contribution Received: Date Contribution Received: | / / / | / / / | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ | .00 .00 .00 |
| Date Contribution Received: Date Contribution Received: Date Contribution Received: | / / / | / / / | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ | .00 .00 .00 |
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| Date Contribution Received: Date Contribution Received: Date Contribution Received: Check here if using section V(C) of t Contributions from Single Source Single Source Entity's Name: | # | | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ ional Contributions: | .00 .00 .00 |
| Date Contribution Received: Date Contribution Received: Date Contribution Received: Check here if using section V(C) of t Contributions from Single Source Single Source Entity's Name: / A | #_[[| | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ ional Contributions: | .00 .00 .00 |
| Date Contribution Received: Date Contribution Received: Date Contribution Received: Check here if using section V(C) of t Contributions from Single Source Single Source Entity's Name: / or Single Source Person's Last Name | #_[[] \&e? & | FUDENT | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ ional Contributions: First Name: | .00 .00 .00 |
| Date Contribution Received: Date Contribution Received: Date Contribution Received: Check here if using section V(C) of t Contributions from Single Source Single Source Entity's Name: / A or Single Source Person's Last Name Address: 571 FACBER | #_[[] \&e? & | FUDENT | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ ional Contributions: First Name: | .00 .00 .00 |
| Date Contribution Received: Date Contribution Received: Date Contribution Received: Check here if using section V(C) of the Contributions from Single Source Single Source Entity's Name: / Nor Single Source Person's Last Name Address: 571 FARBER City: BUFFALO | #_[[] \&e? & | FUDENT | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ ional Contributions: First Name: | .00 .00 .00 |
| Date Contribution Received: Date Contribution Received: Date Contribution Received: Check here if using section V(C) of the Contributions from Single Source Single Source Entity's Name: / Nor Single Source Person's Last Name Address: 571 FARBER City: BUFFALD Phone: 716-435-3714 | #_[[] \&e? & | ES DRI | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ ional Contributions: First Name: | .00 .00 .00 |
| Date Contribution Received: Date Contribution Received: Date Contribution Received: Check here if using section V(C) of the Contributions from Single Source Single Source Entity's Name: / Nor Single Source Person's Last Name Address: 571 FARBER City: BUFFALO Phone: 716-435-3714 | #_[[28ere =: LAKI | FUDENT ES DRI | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ ional Contributions: First Name: State: State: Manuel State: State: State: Manuel State: Sta | .00 .00 .00 .00 |
| Date Contribution Received: Date Contribution Received: Date Contribution Received: Check here if using section V(C) of the Contributions from Single Source Single Source Entity's Name: / Nor Single Source Person's Last Name Address: 571 FARBER City: BUFFALO Phone: 716-135-3714 Date Contribution Received: Date Contribution Received: | #_[[28ere =: LAKI | FUDENT ES DRII | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ ional Contributions: First Name: State: Amount of Contribution: \$ | .00 .00 .00 .00 ZIP code: /422/ |
| Date Contribution Received: Date Contribution Received: Date Contribution Received: Check here if using section V(C) of the Contributions from Single Source Single Source Entity's Name: Or Single Source Person's Last Name Address: Address: Address: Address: Address: Date Contribution Received: Date Contribution Received: Date Contribution Received: Date Contribution Received: | #_[[DOEPE B: LAKE 02/13 02/13 02/17 | FUDENT ES DRII | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ ional Contributions: First Name: State: Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ | .00 .00 .00 .00 O |
| Date Contribution Received: Date Contribution Received: Date Contribution Received: Check here if using section V(C) of the Contributions from Single Source Single Source Entity's Name: Address: STI FARBER City: BUFFALD Phone: T14-435-3714 Date Contribution Received: | # [[# [[DEPE B: LAKI 00-/13 00-/13 00-/13 00-/13 00-/13 | FNDENT ES DRUI 112 - 112 | Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ ional Contributions: First Name: State: Amount of Contribution: \$ | .00 .00 .00 .00 O |

V Source of Funding Disclosure

| V Source of Funding Disclosure | | |
|--|---|--------------------------------|
| A Below, list all Contributions received f received. | rom the Single Source. Include the date and | the amount of the Contribution |
| Contributions from Single Source # 12 | | |
| Single Source Entity's Name: METRO PL | √s. | |
| or Single Source Person's Last Name: | First Name: | |
| Address: 160 WHTER ST 12TH | ason | |
| City: NEW YORK | State: MY | ZIP code: 10038 |
| Phone: 212 -908 -8590 | • | |
| Date Contribution Received: 02/06/1 | 2 Amount of Contribution: \$ | 9351.00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of the Addendum for | or additional Contributions: | 0 |
| Contributions from Single Source # 13 | | |
| Single Source Entity's Name: MVP HEAL | TH CARE | |
| or Single Source Person's Last Name: | First Name: | |
| Address: 625 STATE ST | | |
| City: SCHENECTA DY | State: NY | ZIP code: 12305 |
| Phone: | | |
| Date Contribution Received: 01 / 23 / 13 | Amount of Contribution: \$ | 25,029.00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of the Addendum fo | or additional Contributions: | 0 |
| Contributions from Single Source #_/4 | | |
| Single Source Entity's Name: NETCHBSEHO | TOD HEALTH PROVIDERS | |
| or Single Source Person's Last Name: | First Name: | |
| Address: SD-1 5TH AVE 3RD FZ | | |
| City: NEW YORK | State: NY | ZIP code: /0/75 |
| Phone: 212-808 - 4775 | | 7-7.5 |
| Date Contribution Received: 04/24/13 | Amount of Contribution: \$ | 8,36/ .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
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| Check here if using section V(C) of the Addendum for | | 0 |

| V Source of Funding Disclosure | | |
|---|---|----------------------------|
| A Below, list all Contributions received from the received. | Single Source. Include the date and the | amount of the Contribution |
| Contributions from Single Source # 15 | | |
| Single Source Entity's Name: Senior Heter | + PARTNERS | |
| or Single Source Person's Last Name: | First Name: | |
| Address: 345 EAST 102ND ST SUI | TE 200 | |
| City: NEW YORK | State: NY | ZIP code: /229 |
| Phone: 212-324-26/2 | | |
| Date Contribution Received: 02/09//2 | Amount of Contribution: \$ | 2,691.00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
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| Check here if using section V(C) of the Addendum for additi | onal Contributions: | 0 |
| Contributions from Single Source # _/ C_ | | |
| Single Source Entity's Name: SENIOR WHOLE | HEALTH | |
| or Single Source Person's Last Name: | First Name: | * |
| Address: 58 CHARLES ST | riisi Name. | - 1 |
| City: BOSTON | State: MA | ZIP code: 8241 |
| Phone: 578-47 2- 5200 | state. Fig. | 211 0000.007 |
| Date Contribution Received: 02/03/12 | Amount of Contribution: \$ | 2,691.00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of the Addendum for additi | (C) | 0 |
| Contributions from Single Source #_17_ | | |
| | | |
| Single Source Entity's Name: Torac CARE | , i | |
| Single Source Person's Last Name: | First Name: | |
| Address: 819 SOUTH SALINA ST | | |
| City: SYRACUSE | State: PY | IIP code: 13202 |
| Phone: 315-474-7921 | | |
| Date Contribution Received: 01 / 30 //2 | Amount of Contribution: \$ | 4,534.00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
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| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of the Addendum for additi | onal Contributions: | 0 |

| V Source of Funding Disclosure | | |
|---|--|------------------------------|
| A Below, list all Contributions received from t received. | he Single Source. Include the date and the | e amount of the Contribution |
| Contributions from Single Source # 18 | 4. | |
| Single Source Entity's Name: UN ITED HEALTH | CARE | |
| or Single Source Person's Last Name: | First Name: | |
| Address: 90 STATE ST SUITE 70 | ъ | - |
| City: ALBANY | State: 54 | ZIP code: 12207 |
| Phone: 578 -591-4637 | , , , , , , , , , , , , , , , , , , , | * * |
| Date Contribution Received: 02-12-3 /12- | Amount of Contribution: \$ | 37,007.00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
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| Check here if using section V(C) of the Addendum for add | ditional Contributions: | 0 |
| Contributions from Single Source # 19 | | |
| Single Source Entity's Name: VNS CHOICE | | |
| or | First Name: | |
| Single Source Person's Last Name: Address: 12-50 BROWDWM 117# FR | TIST NOTICE. | |
| Address: 1250 Stephenology | State: PM | ZIP code: /ovo/ |
| City: NEW YORK Phone: 712-609-5631 | 3.3.5. | £ |
| Date Contribution Received: 02/13/12 | Amount of Contribution: \$ | 2,491 .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Check here if using section V(C) of the Addendum for ad | Iditional Contributions: | 0 |
| Contributions from Single Source # 20 | | |
| Single Source Entity's Name: WELLCARE | | E 20 |
| or | | |
| Single Source Person's Last Name: | First Name: | |
| Address: 110 5TH AVENUE 3KB | FLOON States 54 | IIP code: (0011 |
| City: NEWYORK | State: P9 | Zii Code. ¿ Doii |
| Phone: 917-229-2018 | Amount of Contribution: \$ | a, 3000 |
| Date Contribution Received: 01/30/12 | Amount of Contribution: \$ Amount of Contribution: \$ | 9,670 .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / | | .00 |
| Date Contribution Received: / / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: / / Check here if using section V(C) of the Addendum for ac | Amount of Contribution: \$ dditional Contributions: | 0.00 |

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

nstructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person.

| Instructions: Below, list all Con Include the date | tributions recei of the Contribu | ved from t tion receiv | he Single Source or, if applicable, the Relate red and the amount of the Contribution. | ea, Aniliatea Entity of Person. |
|---|-------------------------------------|---------------------------|---|---------------------------------|
| C Single Source Info | ormation for on | e Person o | r Entity for a single Contribution. | |
| Contributions from Single Sour | ce #_//_ | | | |
| Single Source(or Related or At | filiated) Entity | 's Name: | INDEPENDENT HEACTH | |
| or Single Source (or Related or A | ffiliated)Perso | on's Last N | Name: First Name | : |
| Address: 571 FARBET | | _ | | ²¹ 8 |
| City: BUFFALD | - / / | | State: NY | IIP code: /427/ |
| Phone: 716-035-3 | 714 | | V (| 2 |
| Date Contribution Received: | 08/20 | 112 | Amount of Contribution: \$ | 1786 .00 |
| Date Contribution Received: | 10/24 | | Amount of Contribution: \$ | 7142.00 |
| Date Contribution Received: | 12/13 | 112 | Amount of Contribution: \$ | 3571.00 |
| Date Contribution Received: | 1 | / | Amount of Contribution: \$ | .00 |
| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |
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| Date Contribution Received: | / | / | Amount of Contribution: \$ | .00 |

| VI Subjects lobbied: | VII Person, State Agency, Municipality or Legislative Body lobbied: |
|--|--|
| | |
| O Continued on attached pages | O Continued on attached pages |
| VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied: | VIII Title and Identifying Numbers of procurement contracts/documents lobbied: |
| * , | |
| O Continued on attached pages | O Continued on attached pages |
| IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied: | X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied: |
| | |
| O Continued on attached pages | O Continued on attached pages |
| This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief. | |
| X SIGNATURE: fort f Molet | DATE: April 8, 2013 |
| PRINT NAME: LAST Macielak | FIRST Paul |
| TITLE: President & CEO | |
| Mark One: Shief Administrative Officer Obesignee (Attach Letter) | |
| | |

The following MUST be attached to this report at the time of submission:

-You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)

--If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.